

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**DOCUMENT # P94000031888 (8)**

**95 FEB -9 AM 11:33**

1. Corporation Name  
**ALKUR, INC.**

Principal Place of Business      Mailing Address  
**1120 ROYAL PALM BEACH BLVD.  
#172  
ROYAL PALM BEACH FL 33411**      **1120 ROYAL PALM BEACH BLVD.  
#172  
ROYAL PALM BEACH FL 33411**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**04/25/1994**

2. Principal Place of Business      2a. Mailing Address

21 Suite, Apt. #, etc.      26 Suite, Apt. #, etc.

22 City & State      27 City & State

24 Zip      25 Country      29 Zip      30 Country

4. FEI Number      Applied For  
**65-04860600**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution            **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**YOUNG, FRANK E  
1120 ROYAL PALM BEACH BLVD.  
#172  
ROYAL PALM BEACH FL 33411**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City      **FL**      85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title of corporation

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE      **D**  
NAME      **YOUNG, FRANK E**  
STREET ADDRESS      **1120 ROYAL PALM BEACH BLVD., SUITE 172**  
CITY - ST - ZIP      **ROYAL PALM BEACH FL 33411**

1.1 TITLE       Change       Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE      **D**  
NAME      **HEINE, CHRIS A**  
STREET ADDRESS      **4974 WAVERLY WOODS TERRACE**  
CITY - ST - ZIP      **LAKE WORTH FL 33463**

2.1 TITLE       Change       Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

3.1 TITLE       Change       Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE       Change       Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE       Change       Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE       Change       Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**FRANK YOUNG**  
SIGNATURE AND TYPED OR PRINTED NAME OF TRAINING OFFICER OR DIRECTOR

**2-2-95**      **407**      **687-7512**  
DATE      (Typed Name)